## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

•	Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the count where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.			
1.	RESPONSE NEEDED DUE TO:  Policy/Regulation Interpretation	5.	DATE OF REQUEST: 11/16/12	NEED RESPONSE BY: 11/30/12
	□ qc	6.	COUNTY/ORGANIZATION:	
	☐ Fair Hearing		Sacramento County -	DHA - CalFresh
	Other:	7.	SUBJECT: Use of the Temp 2215	Form
2.	REQUESTOR NAME:	8.	REFERENCES: (Include ACL/)	ACIN, court cases, etc. in references) e a regulation cite(s) and/or a reference(s).
3.	PHONE NO.:		All County Information	Notice I-57-09
4.	REGULATION CITE(S): Unable to Locate			
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			
10.	REQUESTOR'S PROPOSED ANSWER:			
	Yes, the client can receive CalFresh benefits without havir	ng a si	gned TEMP 2215 on file	
1	STATE POLICY RESPONSE (CFPB USE ONLY):			
	Information concerning EBT has been included on the SAWS 2A QR Rights and Responsibilities form. This information is also contained on the PUB 387 and PUB 388 brochures that are distributed to CalFresh recipients when they receive their first EBT card. Therefore, counties are not required to issue the Temp 2215 form as part of the application or recertification process.			
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		JIM E	LEGI SHIPLED TO COUNTY/ALJ:	

CF 24 (7/12)